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Marina Zyskina, N.P.

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January 23, 2020

PANEL QUALIFIED MEDICAL EVALUATION - ML-102

RE: SHOCKLEY, Jonathan
DOB: 09/27/1978
INSURANCE: Chubb Group Insurance Company
CLAIM #: 7173815490
DOI: 02/15/2019
EMPLOYER: CardioNet

Dear Concerned Parties:

Mr. Jonathan Shockley had an appointment for Remedy Medical Group at 01/23/20 on 490 Post Street, Suite 900, San Francisco, California 94102 from 1 p.m. to 2 p.m. I spent one hour face-to-face with the patient. Rosa Fesili assisted me with record review. A total of forty-five minutes were spent in record review. This will be billed as an ML-102.

HISTORY OF PRESENT ILLNESS:

Mr. Shockley is a right-handed EKG technician at CardioNet. His job is comprised of processing approximately thousand EKGs an hour, which involves about seven hours of day of sitting to work on the computer, extensive mouse clicking, and keyboarding. He has a history of hand and wrist pain in 2009 while he was teaching ballet. He saw a hand surgeon, Dr. Markison, who recalls that he has right-sided greater than left-sided tenosynovitis that resolved several weeks after its onset. He started working in June 2018 at CardioNet. He noticed initially that his right hand started hurting and he got a left-handed mouse in October 2018. He had no right hand improvement and then his left hand and forearm started hurting him. He got a pedal, so he could click with his foot in December 2018 and his foot started bothering him.

On 02/15/19, he had extreme pain in both hands and arms and reported it to his boss. He was sent to see Dr. Lang, who is a hand surgeon. The hand surgeon sent him to PT where they did an ultrasound and hot and cold therapy which did not help. He was not offered any injection or further therapies. He was made permanent and stationary and Dr. Jamasbi later saw him and did acupuncture, massage, and during the course of treatment of Dr. Jamasbi, he received some TENS therapy which he states caused a flare-up of his pain. He has not received TENS since that episode, but he reports that his pain on the right side still goes up into his right shoulder.

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RE: SHOCKLEY, Jonathan

CURRENT COMPLAINTS:

He reports bilateral arm aching and burning and bilateral neck aching. He states that his bilateral arm pain is constant and moderate in intensity and he has intermittent neck pain that is mild and he has arm numbness and tingling that is intermittent and mild. He also reports moderate loss of sexual functioning.

His neck pain ranges from 2 to 3 out of 10. His arm pain is currently between a 3 and a 4 out of 10. His pain is exacerbated by lifting, hand activity, writing, cleaning, and dressing. It is better with rest, acupuncture, and massage. Ibuprofen and diclofenac are also helpful in alleviating his pain. He has no problems with sitting, standing, or walking tolerance. Treatment for his current problem; He went to Golden Gate Hand Therapy for nine weeks twenty-five weeks ago. He had a 5% improvement. He had acupuncture with Andreas Schwerte for eight weeks, which improved his pain by 25%. He denies any problems with gait or loss of bladder or bowel control. The sports or activities he is unable to perform include ballet, chess teaching, house repairs, lifting heavy objects, cleaning, and/or cooking massage, sexual activities, and card playing.

His sleep is affected. It is hard to fall asleep when he has a flare of his pain. He gets six to seven hours of sleep a night. He has difficulty both falling asleep and staying asleep.

He states that a lot of activities are affected because he is unable to use his hands or his fingers.

His mood is affected. He has increased anxiety despair, which he is managing with medication.

His gastrointestinal system is not affected.

His functional limitations include not being able to write, use a computer or cell phone, difficulty with cooking, cleaning, lifting heavy objects, playing sports, house repairs and projects, teaching ballet or chess, firmly shaking hands. He cannot lift any more than 5 pounds.

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RE: SHOCKLEY, Jonathan

MEDICAL HISTORY:

1. Anxiety.

SURGICAL HISTORY:

1. Adenoidectomy.
2. LASIK surgery.
3. Sympathectomy.
4. Big toe bone spur removal.
5. Achilles tendon debridement.

SOCIAL HISTORY:

He is single. He does not consume any alcohol. He does not use any tobacco products.

FAMILY HISTORY:

Rheumatoid arthritis.

REVIEW OF SYSTEMS:

Fourteen-point review of systems is positive for the aforementioned problems, otherwise, negative.

OCCUPATIONAL HISTORY:

He worked as an EKG tech initially at BioTelemetry LifeWatch, started in June 2018. He was with this employer for a year. He was in the occupation for a year.

His previous employer was Pacific Chess Academy. He was with them for two years.

In the course of a normal workday, he states he was sitting for seven and a half hours. The demands that restrict him from regular duty are continuous computer work with mousing and keyboarding.

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RE: SHOCKLEY, Jonathan

He was satisfied with his job.

TREATING PROVIDERS:

1. Dr. Patrick Lang.
2. Dr. Babak Jamasbi.
3. Dr. Robert Markison.

CURRENT MEDICATIONS:

1. Advil, taking a total of 1600 mg a day.
2. Voltaren cream.
3. Aspirin 81 mg.

DRUG ALLERGIES:

He has no known drug allergies.

VALIDATED QUESTIONNAIRES:

1. PHQ-9 is 1/30, indicating no reactive depression.
2. Epworth Sleepiness Scale is 3, indicating no abnormal daytime somnolence.

QUESTIONS CONCERNING ACTIVITIES OF DAILY LIVING:

1. Self-care activities are uncomfortable and done slowly.
2. I can lift and carry heavy objects, but I get extra discomfort.
3. There has been no change in his ability to walk after the injury.
4. He states very heavy activity is the most strenuous level of activity he can do for at least two minutes.
5. He has no difficulty climbing a flight of stairs.
6. He can sit without any time limitation.
7. He can stand or walk between one to two hours at a time.
8. He has some difficulty with reaching and grasping for something off of a shelf at chest level.

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9. He has some difficulty reaching and grasping for something off of a shelf overhead.
10. He can push or pull heavy objects.
11. He has a lot of difficulty with gripping, grasping, holding, and manipulating objects with his hands.
12. He has a lot of difficulty with repetitive motions such as typing on a computer.
13. He has a lot of difficulty with forceful activities with his arm and hands.
14. He has no difficulty with kneeling, bending, and squatting.
15. His sleep is moderately disturbed because of his injury.
16. There has been a moderate change in his sexual function due to his injury.
17. His pain is moderate at the moment.
18. His pain is moderate most of the time.
19. His pain and injury interfere with his ability to travel some of the time.
20. Most of the time, his pain and injury interfere with his ability to do daily chores.
21. Some or little of the time, his pain and injury interfere with his ability to engage in social activities.
22. A lot or most of the time, his pain and injury interfere with his ability to engage in recreational activities.
23. Some of the time, his pain and injury interfere with his ability to concentrate or think.
24. His pain and injury have caused mild depression or anxiety.
25. He believes that the following statements are true:
 - a. I am afraid that if I exercise, I will hurt myself.
 - b. My body is telling me I have something dangerously wrong.
26. There has been a severe change with his ability to communicate by typing and writing. There has been no change regarding communication by hearing, seeing, or speaking.
27. Regarding his ability to work, I cannot do my usual work and can hardly do any work at all.

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RE: SHOCKLEY, Jonathan

SPECIFIC WORK AND FUNCTIONAL CAPACITY ACTIVITY ESTIMATE BY THE PATIENT AT PRESENT TIME:

1. He can do six to eight hours of the following:
 - a. Sitting.
2. He can do four to six hours of the following:
 - a. Walking.
3. He can do two to four hours of the following:
 - a. Bending and twisting at the waist.
 - b. Kneeling.
 - c. Climbing stairs.
 - d. Walking over uneven ground.
 - e. Squatting.
 - f. Climbing ladders.
4. He can do less one to two hours of the following:
 - a. Repetitive neck motions.
 - b. Static neck posturing.
5. He can do less than one of the following:
 - a. Repetitive use of the upper extremity.
 - b. Gripping and grasping with my left hand.
 - c. Pushing and pulling on the left.
 - d. Fine manipulation with my left hand.
 - e. Reaching at shoulder level on the left.
 - f. Reaching above shoulder level on the left.
 - g. Repetitive use of the right upper extremity.
 - h. Gripping and grasping with the right hand.
 - i. Fine manipulation with the right hand.
 - j. Pushing and pulling on the right.
 - k. Reaching at shoulder level on the right.
 - l. Reaching above shoulder level on the right.

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6. He can do zero hours of the following:
- a. Forceful use of the left upper extremity.
 - b. Forceful use of the right upper extremity.
 - c. Lifting and carrying 5 pounds.

MEDICAL RECORD REVIEW:

3.1.2019 P. Lang, MD. Hand surgery consultation for bilateral hand, wrist, and forearm pain. Patient is a right handed electrocardiogram technician who reports several month history of worsening bilateral hand, wrist, and forearm pain. Physical exam: Tinel's sign in ulnar nerve at the elbow is negative bilaterally, Finkelstein's test is negative bilaterally, Watson's test negative bilaterally, forearm compartments are soft and nontender. Diagnosis: bilateral upper extremity repetitive strain injury. Plan: recommend occupational hand therapist on a repetitive strain protocol. Optimize computer workstation ergonomic and use dragon software, follow up 6-8 weeks.

3.18.2019, 3.20.2019, 3.25.2019, 3.27.2019, 4.1.2019, 4.3.2019, 4.8.2019, 4.10.2019, 4.15.2019, 4.17.2019, 4.22.2019, 4.24.2019, 5.3.2019, 5.10.2019, 5.15.2019, 5.22.2019, 5.29.2019 A. Ting, OT., C. Wong, OT. Occupational therapy for bilateral hands. Diagnosis: pain in left hand. Pain in the right hand.

4.16.2019 P. Lang, MD. Hand surgery follow up for bilateral upper extremities. Patient reports improvement, used to have pain and bilateral hand, wrist and forearm, symptoms continue to wax and wane relative duplicate or use. Diagnosis: bilateral upper extremity repetitive strain injury. Plan: patient made some adjustments to ergonomic workstation which provides some mild improvement of symptoms, will maintain work restrictions from computer use for the next six weeks, continue to work with occupational therapist call follow-up in six weeks. Work status: no computer youth.

5.28.2019 P. Lang, MD. Hand surgery follow-up for bilateral upper extremities. Patient symptoms remain unchanged. Patient did undergo a formal ergonomic evaluation of the computer workstation. The patient has been off of work for several weeks now and the group is persistent, patient reports he was on the phone and started having right wrist and forearm pain from simply holding the phone. Diagnosis: same. Plan: patient symptoms are classic for

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repetitive strain injury, recommend we designate him permanent stationary pheasant permanent work restriction of no computer use. No follow-up needed.

PHYSICAL EXAM:

General:

Well-nourished, well-developed gentleman, in no acute distress.

Cardiac:

His extremities are warm and well perfused.

Pulmonary:

He is breathing comfortably on room air.

HEENT:

He has moist mucous membranes. He has tenderness to palpation in his cervical paraspinal muscles. He has 90 degrees of rightward and leftward rotation. He has C-spine flexion of 80 degrees, extension 20 degrees. All extremes of motions of the C-spine cause him to have neck pain. Lateral bending is 10 degrees bilaterally with pain at 10 degrees.

Musculoskeletal:

Bilateral 5/5 grip strength, bilateral 5/5 first to second and first to fifth digit grip strength. 5/5 biceps and triceps strength. Shoulder forward flexion is 160 degrees bilaterally with extension 50 degrees bilateral. Shoulder abduction is 120 degrees bilateral and adduction is 20 degrees bilateral.

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RE: SHOCKLEY, Jonathan

Neuro:

He has negative Tinel's sign bilaterally at the carpal tunnel and negative Tinel's bilaterally at the cubital tunnel. He has 1/2 biceps reflexes, 0/2 triceps reflexes, and 0/2 brachioradialis reflexes. Sensation is normal in his upper and lower extremities to light touch.

Psych:

Regular speech, tone, and prosody. Logical thought process. Odd affect.

IMPRESSION:

1. Cervicalgia.
2. Bilateral forearm and hand pain.

DIAGNOSTIC STUDIES:

1. He requires a bilateral upper extremity nerve conduction study/EMG.
2. He requires a cervical spine MRI.

PERMANENT AND STATIONARY STATUS:

He is not permanent and stationary. He needs further diagnostic workup. Once that workup is done and the appropriate treatment is offered, he should then be examined for first permanent and stationary status.

CAUSATION:

100% causation is found to the 02/15/19 cumulative trauma injury.

APPORTIONMENT:

He does have a previous injury in his upper extremities. I would like to see documentation of this to appropriately apportion current injury and its role in his pain.

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RE: SHOCKLEY, Jonathan

WORK RESTRICTIONS:

He should lift no more than 5 pounds at the current time.

FUTURE CARE:

1. He requires medication for neuropathic pain, topical medications, and medications for myofascial pain.
2. He should continue to see Dr. Jamasbi for treatment.
3. He may require cervical epidural steroid injection.
4. He may require trigger point injections.
5. He requires twenty sessions of acupuncture.
6. He may require twelve sessions of physical therapy every six months for the next four years for flares.
7. He is an ideal candidate for a functional restoration program.

Thank you for allowing me to be your QME. Should you have any questions, please constitute them in a form of request for supplemental and I would be happy to address them.

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury."

Sincerely,

Adam J. Stoller, M.D.

0123 27662624

CC: Mario Castro, Claims Adjuster
James Goines, Defense Attorney
Zachary Kweiler, Applicant Attorney

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